

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 557832

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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18						
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20						
21			1			
22			1			
23						
24			1			
25			1			
26			1			
27			1			
28			1			
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49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		6	←	←	
TOTAL CLAIMS			12			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						